



WARRANT TRACKING SYSTEM  
PRE-WARRANT DATA ENTRY I  
P0374-145 (02/05 vnt)

**PRE**  
THIS FORM MUST BE TYPED

J.S. No.:

Supplied by Intel Div.-C.I.S

This form must be completed in detail before a warrant may be executed. Warrant will not be processed with blanks or omissions on form.  
**MAKE NOTE OF I.D.S. NUMBER ON RETURN FAX! ENTER I.D.S. NUMBER IN CAPTION ON POST-WARRANT FORM!**

**REQUESTING OFFICER (Affiant)**

Rank: DET Last Name: ZERAFI First Name: JOHN  
Contact No.: [REDACTED] Pager: [REDACTED] Cell Phone: [REDACTED] Fax: [REDACTED]  
Agency: NYPD Command: MCU/VED Command Telephone: [REDACTED]  
Shield: 5258 Tax Number\*: 919893 Soc. Sec. No.\* (non-NYPD only): [REDACTED]

**SUPERVISING OFFICER**

Rank: SGT Last Name: GRAVES First Name: GREGORY  
Tax\*: 930264 SSN\*: [REDACTED] Command: HTT/VED Contact No.: [REDACTED]

\*The tax number/SSN of the requesting officer are needed to ensure the correct personnel are authorized to access the system, and to update personnel information within I.D.S.

**WARRANT INFORMATION**

Warrant Type: ☐ Arrest Subpoena ☐ Federal Search Warrant ☐ C.I. Info/C.I. Buy (C.I. # [REDACTED])  
☐ Federal Seizure Warrant ☐ Grand Jury Subpoena ☒ Investigative Follow-Up  
☒ Local Search (Select County of Issuance, below) ☐ Officer Plain View Observation  
☐ State Seizure Warrant ☐ State Subpoena ☐ Other: [REDACTED]  
☐ U/C Buy  
Date Applied/Obtained: 10-09-2014 ADA Assigned: JENNIFER DOLLE  
Issuing Judge: HON. STEVE STATSANGER County of Issuance: ☐ BX ☐ Q ☐ No Knock  
☐ K ☐ R ☒ After Hours  
☒ NY ☐ Other: [REDACTED]  
UDECS Number (required): 20140071365  
Warrant / Docket # 1066-2014

**WARRANT LOCATION (SPECIFIC)**

Location Type: RESIDENTIAL Patrol Borough: ☒ MN ☐ BN ☐ QN ☐ BX  
Public Housing\*: ☒ Pct.: 026 ☐ MS ☐ BS ☐ OS ☐ SI  
Street No.: 1430 Street Name: AMSTERDAM AVENUE Apt No.: 3C  
City: NEW YORK State: NY ZIP: 10027  
Cross Streets: WEST 131 STREET County: NEW YORK  
Location Description: APARTMENT (MANHATTANVILLE HOUSING)

**WARRANT OBJECTIVES**

☐ Narcotics ☒ Other (specify in NOTES) ☐ Person ☐ Stolen Property (specify in NOTES) ☐ Weapons

NOTES (specify other warrant type, reason, exception, other objective, stolen property sought, etc.)

**EVIDENCE OF SEX TRAFFICKING**

This form must be faxed to (646) 805-6290. Information/requests will NOT be accepted by telephone. Attach copy of warrant.  
Call (646) 805-6139 to confirm the receipt of your fax.



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